

Bowel Management after Spinal Cord Injury (SCI) or Multiple Sclerosis (MS)



Key Points

- Patience is key
- Be open to adjustments in your bowel management program
- There is no “one size fits all” - bowel management is unique for everyone
- **PERFORM WEIGHT SHIFTS** and **USE PADDED BATHROOM EQUIPMENT IF YOU HAVE LOSS OF SENSATION**

What is a Bowel Program?

- Following a regularly timed program to control when you have bowel movements
 - Includes Medication, Physical Stimulation, Exercise, Diet, Hydration, & Timing
 - Also called a “**Bowel Routine**” or “**BOP**”

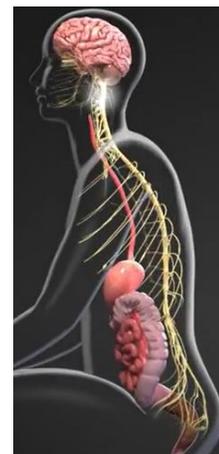


Why is Bowel Management Important?

- To prevent bowel accidents - Also Called: “**Involuntary Bowel Movements**” or “**Involts**”
- To better predict when you will have a bowel movement - Important for social, professional, and sexual interests
- To prevent stool from getting stuck in your intestines - Results in constipation or “**Bowel Impaction**”

How SCI & MS Affect your Bowels

- Decreased or complete lack of **SENSORY** communication between your rectum/anus and your brain.
- Decreased or complete lack of **MOTOR** communication between your brain and your large intestine/bowels, rectum, and anus.
 - Slower speed of movement of stool through the large intestine
 - Can result in **Constipation** and **Diarrhea**
 - Inability to sense the **URGE** to have a bowel movement
 - Inability to tighten the anal sphincter to **HOLD IN** an unwanted bowel movement
 - Inability to relax the anal sphincter to **RELEASE** a bowel movement



How an SCI or MS Affects your anal Sphincter

- Upper Motor Neuron Injury T12 and above - Most common for MS
 - “**Spastic**,” “**High Tone**,” “**Tight**” anal sphincter prevents stool from passing on command
- Lower Motor Neuron Injury T12 and below
 - “**Flaccid**,” “**Low Tone**,” “**Relaxed**” anal sphincter prevents ability to hold stool in

Bowel Program for Upper Motor Neuron Injury – T12 and above & MS

- **Problem:** Tight anal sphincter prevents stool from passing on command
- **Frequency Goal:** Once every day at the same time – consistency is very important!
- **Stool Consistency Goal:** Soft formed stool
- **Technique:** Insert Suppository → Wait 15-20 minutes → Perform digital stimulation or “Dil” procedure → repeat

Bowel Program for Lower Motor Neuron Injury – T12 and below

- **Problem:** Relaxed sphincter prevents the ability to hold stool in
- **Frequency:** Twice Per day or after every meal at the same time
- **Stool Consistency Goal:** Firm but not hard stool
- **Technique:** Insert finger into rectum and “sweep” stool out → bear down → perform weight shift

Types of Suppositories & Mini Enemas– Create wavelike movements in large intestine to move stool

- **Magic Bullet:** small bullet shaped wax suppository
- **Enemeez:** small tube with liquid medication inside
- **Enemeez+:** Small tube with liquid medication and numbing agent inside
- **Peristeen:** Tap water enema system with hand pump and balloon that holds system inside the rectum



Adapted equipment

- **Long & short-handled suppository inserter:** for inserting a magic bullet with decreased hand strength/reach
- **Long & short handled digital stimulator:** for performing digital stimulation with decreased hand strength/reach
- **Bottom buddy:** for wiping self with decreased hand strength/reach
- **Handheld bidet:** for cleaning self with decreased hand strength/reach
- **Bidet toilet seat:** for cleaning self with decreased hand strength/reach



Bathroom Equipment

- **Padded toilet seat:** rests on top of the standard toilet seat
- **Padded raised toilet seat:** Rests on the ground and provides a stable surface to sit on
- **Padded rolling shower commode chair:** Can roll over a toilet and into a zero-entry shower
- **Padded rolling shower commode chair with tilt:** Can roll over a toilet and into a zero-entry shower



Diet Considerations

- **Hydration & Fiber:** Drink 8-12 eight-ounce glasses of water per day and eat food that is high in natural fibers